

## THE COMMONWEALTH OF MASSACHUSETTS

22	22A	22B	22C	22D	22E
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DATE RECEIVED

APPLICATION NO.

PARCEL ID.

NAME OF CITY OR TOWN

## VETERAN

## FY\_\_ APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN  
TO PUBLIC INSPECTION  
(See General Laws Chapter 59, Section 60.)

Must be filed with Board of Assessors on or  
before December 15 or 3 months  
after actual (*not* preliminary) tax bills  
are mailed for fiscal year if later.

fold

**INSTRUCTIONS: Complete all sections fully. (Please print or type.)****A. IDENTIFICATION.**

Name of Applicant \_\_\_\_\_ Marital Status \_\_\_\_\_

Social Security No. \_\_\_\_\_ (optional) Tel. No. \_\_\_\_\_

Legal Residence (Domicile) on July 1, \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

Location of Property \_\_\_\_\_ No. of Dwelling Units \_\_\_\_\_

Did you own the property on July 1, \_\_\_\_? ☐ Yes ☐ No

If yes, were you

☐ Sole Owner ☐ Co-Owner with Spouse Only ☐ Co-Owner with Others?Was the property subject to a trust as of July 1, \_\_\_\_? ☐ Yes ☐ No

(If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year? ☐ Yes ☐ No

If yes, name of city or town \_\_\_\_\_ Amount exempted \$ \_\_\_\_\_

**DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)**☐ Ownership☐ GRANTED

Assessed Tax \_\_\_\_\_

☐ Occupancy☐ DENIED

Exempted Tax \_\_\_\_\_

☐ Status☐ DEEMED DENIED

Adjusted Tax \_\_\_\_\_

BOARD OF ASSESSORS

Date Voted/Deemed Denied \_\_\_\_\_

Certificate No. \_\_\_\_\_

Date Cert./Notice Sent \_\_\_\_\_

Exemption: Clause \_\_\_\_\_ Date \_\_\_\_\_

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES.

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE.

**B. EXEMPTION STATUS.** Check the status that applies to you and complete the questions that follow.

- ☐ **VETERAN**
- ☐ **VETERAN'S SPOUSE**      Veteran's Name \_\_\_\_\_
- ☐ **VETERAN'S SURVIVING SPOUSE/PARENT**      Deceased Veteran's Name \_\_\_\_\_

(If first year of application, attach copy of death certificate.)

Date Enlisted/Inducted \_\_\_\_\_ Date Discharged \_\_\_\_\_

Type of Discharge \_\_\_\_\_ (If first year of application, attach copy of discharge papers.)

Military Decorations or Awards \_\_\_\_\_

Did the veteran live in Massachusetts at least 6 months prior to entering the service? ☐ Yes ☐ No

If no, list the places and dates where the veteran was domiciled during the last 6 years.

Address

Dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the veteran killed during military service? ☐ Yes ☐ No

If yes, date of death \_\_\_\_\_

If yes, and you are surviving spouse, have you remarried? ☐ Yes ☐ No

Does the veteran have a war-service connected disability? ☐ Yes ☐ No

If yes, and first year of application, attach Veterans Administration Certificate of Disability.

If yes and exemption granted previously, attach certificate only if disability rating is 100% or has changed.

Has the veteran acquired "specially adapted housing?" ☐ Yes ☐ No

Is the veteran capable of working? ☐ Yes ☐ No

Is the veteran a paraplegic? ☐ Yes ☐ No

**C. SIGNATURE. Sign here to complete the application.**

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.